

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 328

Primary Registration District No. 3017

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: GRUNDY  
(a) County GRUNDY  
(b) City or town TRENTON, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 706 East 8th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 34 days (Specify whether years, months or days)  
In this community 34 days

3. (a) PRINT FULL NAME ALICE MAJOR MAUPIN  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Joseph C. 6. (c) Age of husband or wife if alive 1867 years  
7. Birth date of deceased Sept 8 (Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Fayette, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Sarah C. Maupin

13. Birthplace Fayette, Mo (City, town, or county) (State or foreign country)

14. Maiden name JANE TABBOT

15. Birthplace Fayette, Mo (City, town, or county) (State or foreign country)

16. (a) Informant G. R. Hammett

(b) Address Trenton, Mo

17. (a) burial (b) Date thereof 12-22-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette, Mo

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Trenton, Mo

19. (a) 12-22-41 (b) Irene D. Fair (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 40  
(a) State Missouri (b) County GRUNDY  
(c) City or town TRENTON (If outside city or town limits, write "RURAL")  
(d) Street No. 706 East 8th St (If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12 day 20 year 1941 hour 9:10 minute 11 M.

21. I hereby certify that I viewed the deceased from noon up to death, 1941, to Dec. 20, 1941.

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease of several years when I arrived the deceased was dead but still warm  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95c2

Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature G. H. Buller M.D. (M. D. or other)

Address Trenton Mo Date signed 12-20-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Robert B. Davis....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....Robert B. Davis.....

Licensed Embalmer No. 4219

P. O. Address Trenton, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**